

Iowa starts smallpox vaccinations

By Kevin Teale, Communications Director

The Iowa Department of Public Health began administering the smallpox vaccine to 62 volunteers Tuesday afternoon. The vaccinations occurred at the end of a two-day training in Des Moines for the initial group of public health and hospital response teams. This initial group will then be responsible for vaccinating the public health and hospital-based response teams around the state over the coming months.

Those being vaccinated have volunteered to be part of the public health and medical response



Vaccinations underway - Suzanne Cooner, RN, Grinnell Regional Medical Center receives a smallpox shot from Hal Chase, RN, IDPH during a training session Tues.

should a case of smallpox occur in Iowa. The six public health response teams consist of personnel who will be assigned to investigate

cases, track contacts, vaccinate people, and institute measures to control the spread of the disease. The 15 hospital-based teams will be re-

sponsible for the care and treatment of anyone suffering an adverse reaction to the smallpox vaccine or
(Continued on page 2)

Flu takes bite out of schools

By Tom Boo, MD, EIS Officer, Center for Acute Disease Epidemiology

Influenza season in Iowa is in full swing, with multiple reports of epidemic respiratory disease from all over the state. Over the last two weeks, many schools have had to close due to high absentee rates in students and teachers, with over 30 percent of

students out sick in some schools. Based on testing of samples submitted to the University of Iowa Hygienic Lab, it appears that influenza B is causing the majority of this illness, so far.

Influenza vaccine should be quite effective in pre-

venting illness caused by this strain, as well as those strains of influenza A identified so far this year.

Influenza mainly affects the respiratory system, and it causes a range of
(Continued on page 2)

Inside this issue:

Public Health Conference	3
Smoke-free dining guide	4
Second-hand smoke campaign	5
Office of Women's Health	5
Mosquito-transmitted disease	6

patients in the unlikely event of a smallpox outbreak.

Vaccinating front-line health workers will better enable Iowa's health system to respond in the highly unlikely event of a smallpox outbreak. "It makes sense to make sure we have public health personnel trained and prepared to initiate an immediate response," said Dr. Patricia Quinlisk, Iowa state epidemiologist.

The next step in the Iowa vaccination effort will be educational materials. All Iowa health care providers will receive an informational packet in the coming weeks dealing with

smallpox. Additionally, an eight-page supplement will run in over 300 newspapers in Iowa the week of Sunday, February 16 and will be available on the IDPH web site at www.idph.state.ia.us. The supplement will contain information about Iowa's smallpox plan, information about some key partners in the Iowa smallpox program, and information about homeland security efforts across the state.

Smallpox Supplement - The supplement at right will appear in Iowa newspapers the week of Feb. 16. It will give Iowans an overview of smallpox, who will be receiving the vaccine, and plans that are in place to protect them.

Bioterrorism Preparedness In Iowa

Published by the Iowa Department of Public Health

Protecting, Preparing Iowa

There is little risk of smallpox here in Iowa, and there are no plans at this time to vaccinate the general population. Still, the risk is real, and the department and its partners across the state are working to prepare Iowa for the highly unlikely appearance of smallpox.

Instead of mass vaccinations, the state is preparing to begin a voluntary program to vaccinate a strategic reserve of health care and public health workers in advance of any actual cases. These vaccinations are part of a larger plan outlining the state's preparation for the unlikely event of a smallpox outbreak, including broader vaccinations in the event of a confirmed case in Iowa.

The Iowa Department of Public Health is working with local health departments, the Iowa Hospital Association, the Iowa Emergency Management Division, University of Iowa Hygienic Lab, and state medical and nursing associations to determine the most appropriate front-line health-care professionals who would respond. They would be involved in the investigations or treatment of cases, and would track contacts and vaccinate those who have been exposed and those who will help prevent the spread of the disease.

"While vaccinations of key public health and medical personnel across the state may be begun in the coming months, there is no recommendation to offer the vaccine to the general public," said Dr. Patricia Quinlisk, Iowa state epidemiologist. "This vaccine is very different from children's and the flu vaccine. This vaccine has a lot of complications and side effects."

The state is beginning a voluntary program to vaccinate a strategic reserve of health care and public health workers.

A complicated vaccine

The current smallpox vaccine is very different from other flu vaccines. Based on historical data, it's expected that 14 to 52 people per million vaccinated will suffer life-threatening reactions, and one to two people per million vaccinated will die. As such, decisions about which Iowans to be offered the vaccine will not be made lightly.

Besides the complications, about 25 percent of the population cannot receive the vaccine because of health conditions. These include pregnancy, skin disorders, organ transplantation, or treatment for cancer or HIV. It will also not be offered to anyone who is a family or household contact of someone with the above conditions.

The department is forming regional smallpox response teams to be the first offered the smallpox vaccine. One group includes its regional public health response teams including disease investigators, epidemiologists, health lab workers and public health nurses and administrative personnel. Another group includes hospital-based teams.

Iowa's smallpox response proposal has been submitted to the federal Centers for Disease Control and Prevention (CDC). No regulations will begin in the state until the CDC allocates vaccine to Iowa and the Homeland Security Act becomes effective. The statute, therefore, that vaccinations for anyone in Iowa could begin in January 24, 2003.

Table of Contents

Homeland security in Iowa	2
Iowa's community-based toolkit	2
Message from Governor Vilsack	3
What is smallpox?	3
Questions and answers	4
Recommendations for families	5
Center for Public Health Practice	5
National Pharmaceutical Stockpile	5
Smallpox vaccination	6
History of smallpox in Iowa	7
Smallpox around the world	7
La Viruela y su Vacuna	8

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Online resources

Iowa Department of Public Health
<http://www.idph.state.ia.us>

Iowa Emergency Management Division
www.state.ia.us/emergencymanagement/

Iowa Homeland Security
www.iowahomelandsecurity.org

Dept. of Health & Human Services
www.iahs.gov

Centers for Disease Control and Prevention
www.cdc.gov

Flu takes bite out of schools

Continued from Page 1

illness from a typical cold to pneumonia and death. Classic influenza is a memorable illness to its victims, beginning suddenly with fever, headache, sore throat, and body aches, and soon adding cough as it moves down into the chest. Children under two years of age, pregnant women, people with chronic medical conditions (typically diseases of the lungs, heart, immune system or diabetes), and the elderly are at higher risk for serious disease, including hospitalization. Influenza's toll is particularly high among the elderly, and most of the estimated 36,000 people killed each year by influenza and its complications are elderly. Influenza and associated pneumonia is the fifth leading cause of death in Iowa. More than 100,000 Americans will be hospitalized this year by influenza.

Influenza vaccine is still available in most doctor's offices and public health clinics, and is still worth receiving. We will be seeing cases of influenza B for weeks to come, and anticipate that we may still see a second wave of disease caused by influenza A at any time. The vaccine should begin working within about one week, although full effectiveness takes up to two weeks.

Even healthy people should strongly consider immunization, which is safe and inexpensive. Regular influenza vaccination will decrease time lost from work or school. More importantly, it will help reduce the chance that a high-risk family member or other contact will catch influenza. It is particularly unfortunate that some health care workers still do not receive influenza vaccine annually. If health

care workers are unable to stay home when they have a cold, which could be influenza, they risk passing this illness on to their vulnerable patients.

It is worth remembering that certain antiviral medications have effectiveness against influenza. Oral medications have been available for years that are effective against influenza A strains, and if taken within the first three days of illness can decrease the severity and shorten the duration of illness. Newer medications, which also need to be started early, also have action against influenza B. In certain situations, these medications may be used to prevent illness in high-risk people who for some reason were not vaccinated.

Public Health Conference coming soon

By Ralph Wilmoth, IPHA President Elect

The 2003 public health conference, "Changing the Future," is just a few weeks away. This will be the third year the conference has been planned by a partnership including the Iowa Environmental Health Association, Iowa Public Health Association, University of Iowa College of Public Health, Des Moines University, Child Health Specialty Clinics, and Iowa Department of Public Health Bureau of Family Health, Bureau of Nutrition, Bureau of Oral Health and Center for Local Public Health Services & Health Improvement.

Forming this partnership has provided the ability to offer a wide array of educational and professional development opportunities. Each partner sponsors a number of sessions and participates in planning and selecting the speakers for the plenary sessions.

The conference will be March 25-26, 2003 at the Iowa State University Scheman Conference Center. The program this year includes an update on the state of public health in Iowa, a plenary speaker at the beginning of each day, over 45 concurrent sessions, round table presentations, and a panel discussion to conclude the conference.

The plenary sessions feature Dr. Vincent Covello, speaking on risk communication, and Dr. Ichiro Kawachi, who will speak on social

capital and health. Both of these speakers are nationally and internationally recognized experts in their fields. The concurrent sessions cover a wide range of topics and provide conference participants the option of updates from their field of expertise or exposure

department, and the board members view regarding their relationship to the state health department, Board of Supervisors, and the local health department.

There will be several opportunities to network during the conference including breaks and meals on both days and the annual awards banquet on Tuesday night. Exhibitors will be showcasing their products and services at the conference, providing access to the most current public health tools.

The complete conference brochure can be viewed, printed, or downloaded from the Iowa Environmental Health Association web site (www.ieha.net) or the Iowa Public Health Association web site (www.iowapha.org). You may also contact either of the co-chairs of the conference planning committee or the conference planner for additional information:

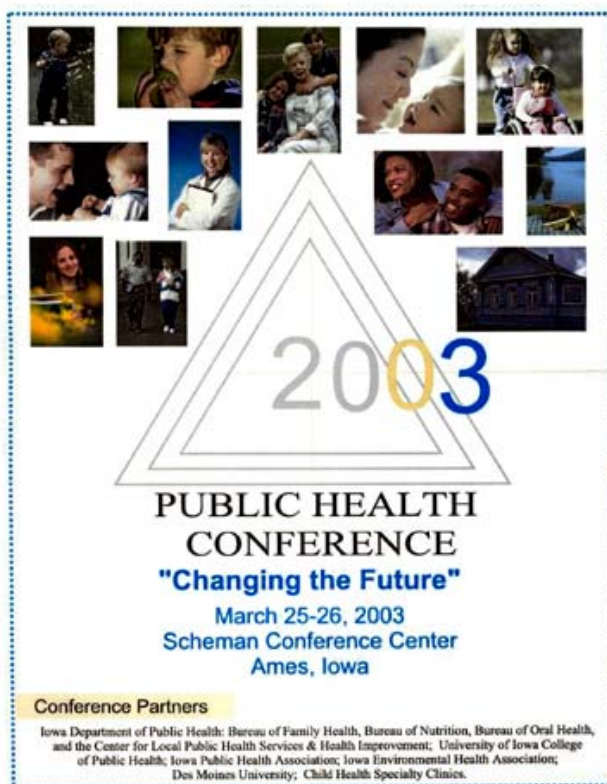
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kin@yahoo.com
All public health practitioners are invited to join in this exciting opportunity to learn about new issues, stay current in their field and network.



to other areas of public health. The round table sessions have proven to be a very effective mechanism to share experiences and highlight new and interesting programs. The last formal session is a panel discussion with panelists from the Iowa State Association of Counties, the Iowa Department of Public Health, and two members of local boards of health. This panel will be very informative from the perspectives of legal responsibilities of board members, expectations of the state health

Central Iowa Smoke-Free Dining Guide available

By Keven Arrowsmith, Division of Tobacco Use Prevention & Control

During a news conference and kick-off event last month, residents of central Iowa had their first opportunity to view *The Central Iowa Smoke-Free Dining Guide*.

Speakers at the event included Leanna Brady, director of the American Lung Association, Dr. Ken Cheyne, a pediatrician at Blank Children's Hospital, Cyndi Coppola, owner of Java Joes Coffeehouse, and Attorney General Tom Miller.

"We are very excited about getting *The Central Iowa Smoke-Free Dining Guide* distributed to the public," said Leanna Brady, director of the American Lung Association of Iowa, and member of the central Iowa Tobacco-free Partnership (CITP). "*The Central Iowa Smoke-Free Dining Guide* is the first of its kind in Central Iowa and features 167 smoke-free eating establishments in Polk, Dallas, Madison and Warren counties. The kick-off event gave us an opportunity to recognize central Iowa restaurants that provide a smoke-free environment for their patrons and employees."

Each year, over 500 people in Iowa die from exposure to secondhand smoke. Research shows that secondhand smoke is the third leading cause of preventable death in the United States, following primary smoking and alcohol abuse. CITP's kick-off event marks the beginning of their secondhand smoke educational campaign.

"Another reason this dining guide is special," said Leanna Brady, "is that it not only lists smoke-free restaurants, but also includes information about secondhand smoke."

"We struggled with the decision to

go smoke-free, because we had so many good patrons that smoked," said Cyndi Coppola, who owns Java Joes Restaurant with her husband Joe. "But we came to realize that it was more of a health issue and a right to breathe clean air than it was a right for people to smoke."

Coppola says Java Joes never experienced a significant revenue loss, and has gained new customers by being smoke-free. "Even our smoking customers eventually came back, they just step outside to smoke now," said Coppola, "We should have started smoke-free from the beginning and advertised it that way."

Mark Holub, owner of Art House Restaurant and Art Gallery, never once thought about allowing smoking. "Our business has been great, and we never have a problem with people leaving because they are not allowed to smoke. Besides, it wouldn't make sense to have a gallery filled with art and expose it to tobacco smoke," said Holub.

For R.J. Hernandez, the reason for making his restaurant smoke-free was personal. After a bout with cancer, Hernandez decided that to be able to work in his family-owned restaurant, Raul's, he had to change the smoking policy permanently. "It was a bit of a battle at first, but now I think everyone is glad that we did it," said Hernandez.



Going Smoke-Free - Introducing the Smoke-Free Dining Guide at a recent news conference are, from left, Cyndi Coppola, restaurant owner, Java Joes; Dr. Ken Cheyne M.D., pediatrician, Blank Children's Hospital; Leanna Brady M.Ed., director, American Lung Association, and Central Iowa Tobacco-free Partnership (CITP); and Tom Miller, Iowa Attorney General.

According to Dr. Ken Cheyne of Blank Children's Hospital, even short periods of exposure to secondhand smoke can cause increased risk of cancer, heart disease, and respiratory ailments. "Families should make decisions on where to dine with their children in mind," said Dr. Cheyne. Each year in the United States, 280 children die from respiratory illness, and 26,000 healthy children develop asthma because of secondhand smoke. According to The Campaign for Tobacco Free Kids, an organization that records tobacco-related statistics for each state, at least 260,000 Iowa kids are exposed to tobacco smoke on a daily basis.

Copies of *The Central Iowa Smoke-Free Dining Guide* will be available at community rack locations throughout central Iowa. The dining guide is also available on-line at: www.tobaccofreepartnership.com.

CITP receives funds from the Iowa Department of Public Health's Division of Tobacco Use Prevention and Control.

JEL kicks off second-hand smoke campaign

By Keven Arrowsmith, Division of Tobacco Use Prevention & Control

Over 30 executive council members of Iowa's youth-led anti-tobacco group Just Eliminate Lies (JEL) and Dr. Christopher Squier, a member of the Iowa Commission on Tobacco Use Prevention and Control, announced their plans to make teens aware of the dangers of secondhand smoke during a news conference last month.

Dr. Squier and the JEL members said the focus on secondhand smoke stems from the 2002 Iowa Youth Tobacco Survey (IYTS) conducted by the Iowa Department of Public Health (IDPH) last May. The survey showed that 70 percent of middle school students and 73 percent of high school students said they had been exposed to secondhand smoke in a room during the seven-day period preceding the survey. Statistics compiled by the IDPH show exposure to secondhand smoke is the third leading cause of preventable death in the U.S. and is

responsible for 500 deaths in Iowa each year. A fact sheet, outlining the highlights of the study can be downloaded at www.idph.state.ia.us/sa/tobacco/resources.htm.

The attack on secondhand smoke will include an advertising campaign and various grassroots events to draw teens' attention to the risks tobacco use poses to their friends, classmates and relatives.

The effectiveness of JEL activities was also discussed during the news conference. Dr. Squier said widespread teen awareness of JEL suggests the teen-led organization has been effective in educating Iowans about the dangers of tobacco use and the effects of secondhand smoke. The IYTS found that 85 percent of high school teens said they had seen or heard something about JEL. Seventy-five percent of the surveyed students said JEL's anti-

tobacco campaigns were believable and successful in getting anti-tobacco messages to teens.

"We intend to dispel Big Tobacco's myth that tobacco use only affects the user," said Alesha Tomlinson, a junior at Ankeny High School and president of JEL. "The truth is, hundreds of Iowans will be stricken with cancer, respiratory diseases and other health problems this year because they are exposed to secondhand smoke. We intend to make Big Tobacco's fear turn into reality. We are going to educate the public on how Big Tobacco's products are hurting innocent people."

JEL activities and other tobacco-use prevention and control activities are funded by the State of Iowa from the Master Settlement Agreement with the tobacco industry, and administered by the Iowa Department of Public Health.

IDPH introduces Office of Women's Health

By Jennifer Curtis, Women's Health Program Assistant Coordinator/Intern

A federal grant, *Assuring Women's Access to Health Resources* (AWARe), promotes awareness of women's health issues across the life span. In early October, IDPH received confirmation of the grant award from the Health Resources and Services Administration. The grant took effect on Sept. 1, 2002.

The AWARe grant supports the development of the Offices of Women's Health (OWH) for Iowa Women. The OWH will enhance the infrastructure at the state level to assure the coordination of women's health programs and services. In addition, the OWH will enhance

women's access to accurate and understandable health resources. Lastly, the OWH will focus on offering the best resources for influencing women's health behaviors through improving women's health literacy.

An intradepartmental team has been meeting to advise the OWH on implementation of AWARe. Plans are being made for a presentation on health literacy at the 2003 Public Health Conference on March 25.

Staff members are Janet Peterson, RN, MHA, Women's Health Coordinator of the OWH, and Jenny Curtis, Women's Health Program Assistant/Intern. IDPH plans to establish a

Women's Health Committee (WHC) to advise the OWH.

Information on women's health resources can be found at the National Women's Health Information Center web site at www.4woman.gov, or by calling toll-free, 800-994-WOMAN (9662). Information on young women's adolescent health, can be found at www.4girls.gov.

Janet Peterson is the Iowa women's health coordinator and can be contacted at jpeterso@idph.state.ia.us or by calling 515-242-6388.

Rewriting the book on Mosquito-transmitted disease

By Russ Currier, DVM, Center for Acute Disease Epidemiology

During 2002, West Nile virus activity - in the basic sense of a new disease in a virgin population - expanded westward through the nation. This disease is of major significance because it has competent vectors (various mosquito species), competent amplifying hosts (several bird species), and large numbers of susceptible incidental hosts (older humans as well as older horses). In this past season, IDPH recorded a total of 54 human WNV-associated illnesses with two deaths. A total of 1,142 horses from 98 of Iowa's 99 counties were confirmed with WNV infection; 16% died or were euthanized. Testing of crows and blue jays also confirmed widespread activity in most Iowa counties.

The closer one studies the figures for mosquito-borne disease in Iowa, the more dramatic the situation was this year. For instance, 54 human cases of WNV infection in 2002 approximately matched the total of all other mosquito-borne diseases in the state for the past 10 years. The two deaths exceeded any cumulative number of deaths for the past 50 years. Iowa has not had an equine case of Western encephalitis during the past five years, one case of Eastern encephalitis (EEE) occurred during 2001; that was, in fact, the first-ever case of EEE in Iowa horses. This unremarkable profile ends in 2002 with more than 1,000 equine cases of WNV. Most important, this activity occurred in a drought year when mosquito populations were at one third of historical levels!

Collectively, these observations pose a challenge to our planning and preparation efforts to address

WNV in 2003. For surveillance, Iowa plans to continue most of the activity as before. Limited bird submissions from individual counties will be tested at the University Hygienic Laboratory (UHL) until a positive is recorded followed by discontinuance of submissions from that particular county. Mosquito trapping to measure populations as well as virus studies of mosquitoes pooled by species, will be conducted jointly by ISU and UHL to determine exposure risk to humans. Counts of horse cases will also continue by the Iowa Department of Agriculture and Land Stewardship although it is likely there will be considerably fewer cases this year. Owners are expected to better immunize their horses.

The major new emphasis for 2003 will be enhanced protection of citizens with encouragement to become more mosquito conscious. This includes backyard assessments for breeding sites such as gutters, bird-baths, tarps, and old tires. We must educate people to take measures to avoid certain outdoor settings if surveillance indicates that virus activity is high and weather patterns have supported large mosquito populations. Under these circumstances, judicious use of low DEET-content repellents is highly recommended.

At the community level, mosquito control is the province of a variety of different local officials with no state level direction. We plan to mentor and assist as much as possible, beginning with a statewide workshop in Ames or Des Moines. Topics to be covered are mosquito biology, various forms of abatement, surveillance, and strategies for mosquito control with minimum impact on citizens and non-target species. The

department will also distribute the first edition of a mosquito control manual that can serve as a reference or study guide to mosquito abatement. This manual is a first effort and will be updated annually to incorporate new data and technologies that develop in the area of mosquito abatement and control.

It is likely, that over time, crows and blue jays will self-select for resistance to WNV and will no longer serve as a sensitive and specific sentinel for WNV activity. In any case, these birds along with sparrows and other bird species will continue to amplify the virus through high blood-virus levels, especially in juveniles that, in turn, infect other feeding mosquitoes. Horses, as noted earlier, will be much better immunized and will only infrequently be diagnosed with WNV. Humans may follow a similar pattern with younger persons sustaining WNV infections without clinical illness in the immediate years ahead. These individuals presumably may be immune to later-in-life infection with its higher ratio of clinical illness and encephalitis.

A closely related virus to WNV, St Louis encephalitis virus has a basic bird/mosquito cycle, is in a sort of equilibrium with few cases in the U.S. for every decade or two, followed by a single year of very high incidence (usually a flood year with high mosquito populations e.g. 1975). The evolution of WNV to this type model is possible. The dynamics of transmission are poorly understood and speak to the need for continued sustained research efforts to better define parameters of risk and how best to protect community health.

IDPH Prepares Disaster Medical Assistance Teams

By John Stark, Operations Officer, Center For Disaster Operations & Response

The aftermath of the attacks on America continues to be felt throughout the land. Many issues relating to the response following the attacks are being dealt with throughout the emergency response community.

One issue of particular importance is that of medical response to large scale emergencies. When hospitals and emergency providers become overwhelmed in dealing with a disaster, help is needed, and quickly. The Iowa Department of Public Health, along with partner hospitals, is developing specialized Volunteer Disaster Medical Assistance Teams (DMATs) to help ease the burden on local providers in the event of a large-scale incident.

As part of the federal bioterrorism preparedness grants, the DMATs will be sponsored by six regional hospitals. A DMAT will consist of three "teams-within-a-team;" volunteer professionals from medical, public health and environmental disciplines will make up the DMATs. These teams will be able to assist local responders with patient care needs, epidemiological surveil-

lance and bio-environmental sampling, such as that used when anthrax was detected in the U.S. Senate office building last year.

For example, the Medical Team will be made up of paramedics, RNs and physicians with emergency and/or critical care experience, as well as specialty professionals such as respiratory therapists or patient care technicians.

In the event of a disaster in Iowa, a DMAT may be deployed when local authorities request assistance from the state. The nearest DMAT will deploy within 24 hours of the incident and stay on-scene up to 72 hours, supplementing the medical staff already on-scene. DMATs do not independently decide to go somewhere---formal requests must be made, and plans must be in place for federal assets to relieve the DMAT within that 72 hour period.

DMATs can operate under a wide variety of conditions ranging from in-hospital patient care to field triage on-site, depending upon the nature of the disaster and the local responders' needs. Teams

will receive training and equipment to handle most any environment.

As with any disaster resource, the key is readiness---DMAT members will be current practitioners in their specialty areas and exercise deployment procedures regularly to prepare for what hopefully never occurs.

The planning process continues, with the first DMATs expected to be staffed with qualified volunteers by fall of 2003. We recognize and thank the hospitals that stepped up to sponsor and develop DMATs. Their administrators have stated that the DMAT concept fits extremely well with their role as a community health care provider. The Iowa Department of Public Health and the sponsoring hospitals are excited to be working together in the Disaster Medical Assistance Team program.

For more information on Iowa's DMATs, contact John Stark at jstark@idph.state.ia.us.

IDPH 2002 Annual Report

The IDPH 2002 Annual Report is now available at www.idph.state.ia.us. The link is at the bottom of our home page. Due to budget concerns, this report is not printed. If needed, feel free to print your own copy.

Navigator guides Hispanic families to services

By Jean Hirth, RN, ARNP, Franklin Co. Public Health Administrator & Mary Kahler, RN, Community Health Consultant

Franklin County Public Health Agency has received an innovation award from the Iowa Association of Counties (ISAC) for their Navigator Program. The program was developed to help keep families emotionally, socially, and physically healthy. Navigator guides families through the system when professionals working with individual family members make referrals. Following up on those referrals, Navigator connects the family to appropriate services provided by agencies in the county and serves as a liaison between the family, school, and agencies providing the services.

The target population in Franklin County are Hispanic residents in need of services identified through poor school attendance, health needs, or social problems identified by agencies working with the family. "We know it's a valuable program and the need was there," said Jean Hirth, Franklin County Public Health Administrator. Franklin County has an increasing number of Hispanics who have a difficult time accessing services.

The Franklin County Family Focus Team guides Navigator. The focus team is comprised of members from local school districts, city and county officials, hospital,

ISU Extension, sheriff, Area Education Agency, Department of Human Services, and others. Members of the Family Focus Group developed the concept and name. When they were discussing issues, someone in the group noticed a picture on the office wall. The image showed a man navigating a boat through the fog. "That's what we want people to do," Hirth said.



Maria Siems, who is Hispanic, serves as Franklin County's navigator. She is trusted because her parents own a Mexican restaurant and grocery store. She also has worked as a receptionist at the Franklin Medical Center and has served as a translator. Those who trust Siems learn to trust the system. Siems, who has lived in the community for 24 years, admits she is still learning about programs. Last month, Siems made 292 calls on 49 families. Her services range from providing translation to

making doctor's appointments and finding families winter clothing.

Following is a success story that demonstrates how the Navigator Program works: A school nurse identified a child who was struggling in class and referred the child to the school nurse. Using a vision screen, the school nurse found the child needed to be referred to an optometrist. The navigator was given the information and connected the family and assisted the family with the appointment. The navigator followed through to see that the child received the needed glasses, which then lead to the child becoming a successful student.

The Navigator Program is now in its second year. In the first year, Navigator made 3,350 contacts, involving 38 agencies and 191 families. "Our project improved the services to the residents of Franklin County," says Jean Hirth.

For more information about the Navigator, contact Jean Hirth, RN at Franklin County Public Health, Hampton, IA, 641 456-5820.

Scott County seniors satisfied with life

By Brian Panke, Disease Prevention Specialist, Scott County Health Department

A recent survey of older adults in Scott County indicates that most seniors report they are active, independent, and enjoy good health. They are concerned about the high cost of health care, access to transportation, and loss of independence. These and other findings are detailed in "The Qualitative Assessment of Older Adults in Scott County, Iowa," recently released by the Scott County Health Department.

According to the 2000 Census, there were 18,667 adults over age 65 in Scott County, representing approximately 12 percent of the county's population. By the year 2015, there will be approximately 22,500 seniors in Scott County. The increase in the senior population will be seen throughout Iowa as well.

Iowa's 65 and over population is more than 436,000, which is nearly 15 percent of the population. In 2015 Iowa is projected to have more than 533,000 seniors. With this steadily increasing population, demand for services

will likely increase correspondingly.

Scott County's survey was conducted to find out how older adults feel about "quality of life" factors including physical and mental health, community support, and services provided in



Scott County. Focus groups of various race and ethnicity were asked about housing, nutrition, transportation, and safety. Seniors answered questions about the adequacy and their awareness of services and information; their personal sense of health and well-being; and their social, spiritual, and psychological needs.

The survey was the first study

conducted by the Scott County Health Department to measure the perception of quality of life among the older adult population in Scott County. This project was done in conjunction with the Senior Profile Report, which includes a statistical analysis of Scott County's senior population, as well as information on assets and services that benefit seniors. The information from this study will assist agencies in the planning and delivery of services to meet the needs of this growing population in Scott County.

The assessment was conducted by Craig Shoemaker, Associate Professor at St. Ambrose University, and assisted by Scott County Health Department staff. It was made possible by funding from the Iowa Department of Public Health.

The report is available on-line at www.scottcountyiowa.com/health/assessments.html. Printed copies of the report are also available at the Scott County Health Department upon request.

Obtaining Past Issues

Back issues of the Iowa Health FOCUS are available on the Iowa Department of Public Health web site at:
www.idph.state.ia.us

Community Health Assessment turns user-friendly

By Ken Sharp and Angie Tagtow, IDPH

The Iowa Department of Public Health is making exciting advances in the establishment of a statewide public health assessment and planning initiative. The Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) reporting tool is undergoing a facelift under the guidance of an intradepartmental team lead by Ken Sharp, Louise Lex and Jenny Terrill. The goal of the intradepartmental team is to provide local boards of health and their partners with a flexible, user-friendly reporting tool that provides consistent and uniform information on the public health needs and interventions for each county in Iowa.

A comprehensive community health needs assessment and health improvement planning process involves the following actions:

- An ongoing collaborative, community-wide effort to assess applicable data.
- Identifying, analyzing, and addressing health problems.
- Inventorying community health assets and resources.
- Identifying community per-

ceptions.

- Developing measurable health objectives and indicators.
- Developing and implementing coordinated strategies.
- Identifying accountable partners/entities.

Cultivating community "ownership" of the entire process.

With the assistance of web site development experts, a web-based application is being developed to answer the need for a user-friendly reporting tool. This web-based tool will allow communities to use the assessment model of their choice (e.g. APEX, MAPP) and is not intended to take the place of such models.

The anticipated benefits of an on-line reporting tool include:

- Increased flexibility in managing data.
- Increased accessibility to community health information by community partners.
- Increased options for queries of final reports (including multiple county requests).

Decreased duplication of assessment processes for state and federal grant applications.

IDPH is confident that with the continued commitment from local public health partners, input from users of the last CHNA & HIP reporting tool (April 2000), the modifications to the new reporting tool, along with a web-based application, will continue to strengthen the foundation for public health decision-making in Iowa.

The revised CHNA & HIP will be launched at the *Governor's Conference on Public Health Barn Raising IV: Leading the Charge for Public Health* in August 2003 at Drake University. Communities will have approximately 18 months to complete the CHNA & HIP reporting tool with a final submission early in 2005. More information will be shared with local boards of health, county public health offices, and local public health partners in the coming months.

For more information, contact Ken Sharp at 515 281-7462 or at ksharp@idph.state.ia.us.

UI offers public health preparedness programs

By Debra Venzke, UI College of Public Health

The Iowa Center for Public Health Preparedness (ICPHP) invites public health practitioners to attend its spring 2003 Grand Rounds series on preparedness topics. Speakers will address a variety of timely issues, including an update from the University of Iowa Hygienic Laboratory on preparing for bioterrorism, an overview of public health messaging and reporting systems, and insights into risk communication.

The free presentations may be viewed via the Iowa Communications Network (ICN) or attended in person on the University of Iowa campus. Advanced registration for the program is requested and may be completed on-line through the ICPHP's web site. Each presentation is also digitally recorded and made available on videotape, CD-ROM, and archived web broadcast.

For details on the programs, speakers, ICN locations, and registration, please visit www.public-health.uiowa.edu/icphp/grand_rounds/gr_index.html. For more information about the Grand Rounds series,

contact Jörg Westermann at 319-384-4294 or by e-mail at jorg-westermann@uiowa.edu.

The Grand Rounds series is sponsored by the Iowa Center for Public Health Preparedness and the Iowa Association of Local Public Health Agencies.

Schedule of Speakers

All presentations are scheduled from noon to 1 p.m. in Room 20 of the Nursing Building on the University of Iowa campus in Iowa City. Please visit the ICPHP web site to register and to verify dates and ICN locations.

January 23, 2003

"Dimensions of Terrorism: Assessing the Threat in Iowa"

Special Agent Kevin Curran, FBI

February 13, 2003

"Preparing for Bioterrorism: An Update from the University of Iowa Hygienic Laboratory"

Mary Gilchrist, director of the UI Hy-

gienic Laboratory; Mike Pentella; and Lucy DesJardin

March 13, 2003

"Environmental Assessment of Bioterrorism Threats"

Wayne Sanderson, associate professor of Occupational and Environmental Health, University of Iowa College of Public Health

April 2003 (date to be announced)

"Public Health Messaging and Reporting Systems"

Steven Boedigheimer, Deputy Director, Division of Public Health Systems Development and Research, Centers for Disease Control and Prevention

May 2003 (date to be announced)

"Risk Communication: Lessons from the Field"

Sandra Mullin, Associate Commissioner for Communications and Press Secretary, Department of Health and Mental Hygiene, City of New York



Ottumwa ready to lighten up

At left, a mall billboard in Ottumwa advertises Lighten Up activities. Lighten Up Iowa, a five-month effort to increase physical activity, fruit and vegetable consumption, and weight loss as part of a mutually supportive team of 10 is now underway. There are participants in all 99 counties with the team total approaching 1,300. A most impressive subset has now emerged in Ottumwa with 70 teams or almost 700 individuals! Lighten Up Iowa is sponsored by the Iowa Dept. of Public Health, the Iowa Games, and Iowa State University Extension. To get on the "Lighten Up Iowa" bandwagon check out www.lightenupiowa.org.

Photo by Leslie Heemsbergen, Ottumwa Regional Health Center

Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health,

Pertussis (whooping cough) transmission continues: Keokuk County is added to the growing list of counties reporting several cases of pertussis during the last few months. Pertussis can present a challenge for control, in part due to the difficulty in recognition (older children and adults don't generally have the classic symptoms) as well as in a common misperception that pertussis cannot occur in a previously vaccinated persons.

In fact, as immunity from childhood pertussis immunizations wane by the adolescence years, many people sustain pertussis infections that are characterized by insidious onset of coughing, that can last for four to six weeks; adults rarely experience the paroxysms or "whoop" of infancy.

Erythromycin is the recommended treatment and prophylaxis after exposure to someone with pertussis.

TB in Iowa, 2002: The Iowa Department of Public Health's TB Control Program reported that there were thirty-four verified cases of tuberculosis in Iowa for 2002. Iowa is at a historical low for the number of reported TB cases thanks in part to thorough contact investigations, adherence to directly observed therapy and directly observed therapy for

close contacts to active cases. Local health departments are to be commended for their vigilance in controlling tuberculosis in Iowa. The complete "TB in Iowa 2002" report will be available later this year

Smallpox Vaccination Caveats: IDPH staff just returned from a CDC workshop on smallpox vaccine-related adverse reactions in Atlanta. Phase One of smallpox "pre-event" vaccination is actually beginning today in Connecticut. This is a difficult issue for public health officials nationally, with significant political pressure. Smallpox is a terrible disease, and we have no idea if the possibility of intentional release is high or if it is non-existent. We do know that smallpox vaccine can have rare but horrific side effects, and in the pre-event setting the minimization of risk to vaccinees cannot be over-emphasized.

Despite all precautions, it may not be possible to completely avoid serious side effects, but we ask potential vaccinees to give real consideration to the screening contraindications to vaccination. Please note that the following are only supplemental notes to the complete screening tools that each potential vaccinee will receive.

Pregnancy: CDC anticipates that despite efforts to prevent it, significant numbers of pregnant women will be exposed to vaccinia, either as vaccinees or as household contacts of vaccinees. The exposures will be due either to unrecognized pregnancy at the time of vaccination or unplanned conception during the four weeks after vaccination. The degree of risk that vaccinia poses to fetuses is not well understood. CDC is starting a registry of exposures (women who were pregnant when they or their household contact was vaccinated, or became pregnant within four weeks after vaccination) in attempt to learn more about the risk.

Before the eradication of smallpox and the cessation of vaccination, fetal vaccinia infection apparently was rare, but it was occasionally severe. IDPH seeks to not add any Iowans to this national registry and requests caution on the part of vaccinees: We recommend that vaccinees of child-bearing age or with household partners of child-bearing age pay particular attention to contraception in the weeks preceding vaccination and for four weeks after vaccination. Note that pregnancy tests typically will not be positive for a couple weeks after conception.

Atopic dermatitis: It is anticipated

that eczema vaccinatum, which involves widespread, severe skin infection with the live virus from the vaccine, may be the most common serious vaccine side effect.

Eczema vaccinatum historically had a mortality rate of up to 7%. A recent unpublished study found that 40% of people whose medical records showed a history of atopic dermatitis erroneously failed to report it in screening forms. The risk of EV is highest in people with active disease, but any history of atopic dermatitis, often referred to as eczema, places one at increased risk. Atopic dermatitis is most common in childhood. Where possible, potential vaccinees may want to seek remote childhood medical history, or discuss the screening tool below with older family members who may shed light on forgotten medical history. Again, the vaccine contraindication is for both vaccinees and for vaccinees with household contacts with history of atopic dermatitis.

Screening Tool for Atopic Dermatitis (latest version—slightly different than other recent versions)

Constant or recurring itchy red rash that lasts more than 2 weeks PLUS:

Lesions involve the flexures of arms/legs OR two of the following:

- 1) Onset before age 5
- 2) Personal or family history of allergies (food or environmental)
- 3) First degree relative with atopic dermatitis

Finally, it was noted that vaccinees using topical steroids or tacrolimus (immune suppressant

used for psoriasis) should stop the medication 3 days before vaccination. In such cases, consultation with a dermatologist is strongly recommended.

Vaccinia Viruses and Animals:

Vaccinia virus, cowpox virus, and small pox virus (variola virus) are in the orthopoxvirus group. Presumably the virus that Edward Jenner utilized for vaccination was cowpox virus that over time underwent evolutionary change to various strains of vaccinia virus. The latter virus protects against small pox infections and has the ability to infect both humans and cattle (indeed vaccinia virus is produced in inoculated calves). While it can infect a variety of cell lines and animal hosts, transmission in nature is rare with only a few reports in the international literature. Vaccinia infections have been transmitted to cattle from recently vaccinated humans, but the infection has generally died out naturally without serious sequelae. This type of event is almost a medical curiosity but speaks to the need for milkers, who may receive small pox vaccine for any reason, to keep their vaccination site covered until healed and defer from milking if some severe reaction occurs.

Closely related cowpox is a mild disease of cattle, clinically comparable to vaccinia infections, and can reduce production in dairy cattle due to lesions on the udder and teats. This disease can transmit to milkers especially through abrasions or fissures on the skin. Cowpox has not been observed in the U.S. for decades and is found only on the Eurasian land mass and is considered to be disappearing. Pseudocow-

pox, a parapoxvirus, is often confused with cowpox but is a different species.

As best we can determine, the reestablishment of small pox vaccination with vaccinia viruses does not pose any serious risk to livestock populations. Although a rare instance of transmission to cattle may occur, it should not have any serious after effects. The presence of small pox vaccines in public health and medical settings should not pose any security risks to sabotage livestock or companion animal populations.

Brucellosis: An Anomalous Case from the Past: In December 2002, we received an interesting case report of isolating *Brucella suis* from a 79-year-old, male, retired farmer from east central Iowa. The patient had a history of multiple cardiac and circulatory health problems and during medical work up, was determined to have a “giant cell tumor” in the tibia. Culture at UHL after surgical removal yielded *B. suis*. Interestingly there was no serological titer for brucellosis.

Early studies of brucellosis in Iowa demonstrated that *B. suis* had greater virulence than *B. abortus*. Later studies confirmed that *B. suis* was more invasive and could lead to latent sequestered infections that would recrudescence years, if not decades later, often starting as a draining fistula. As in this case, often there was no immune titer to the brucellosis antigen. On the livestock side of this disease, Iowa was declared swine brucellosis-free on October 1st, 1977.

Side Notes

Changing the Future/2003 Public Health Conference - March 25 & 26 at the Scheman Conference Center in Ames, IA. For more information see www.ieha.net or www.iowapha.org. The conference is jointly sponsored by the Iowa Department of Public Health, University of Iowa College of Public Health, the Iowa Public Health Association, the Iowa Environmental Health Association, Des Moines University, and Child Health Specialty Clinics.

Barn Raising IV/Governor's Conference on Public Health - Mark your calendars for Barn Raising IV August 14 & 15, 2003 at Drake university in Des Moines. The purpose of the conference is to bring together cutting edge experts from several arenas to expand participants' knowledge base, to introduce new tools and resources, and to share successful program models through workshops and networking. Plans are to post conference information, including CEUs, registration, lodging, and speakers, on www.idph.state.ia.us. For questions call Louise Lex, Ph.D., Iowa Department of Public Health, at 515 281-4348 or e-mail llex@idph.state.ia.us.

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